PRINTED: 01/11/2019 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C B. WING IL6011712 12/04/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1520 EL CAMINO DRIVE PEKIN MANOR PEKIN, IL 61554** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation# 1827772/IL107679 Statement of Licensure Violations \$9999 Final Observations S9999 300.1210b)4) 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident Attachment A who is unable to carry out activities of daily living shall receive the services necessary to maintain Statement of Licensure Violations good nutrition, grooming, and personal hygiene.

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following

and shall be practiced on a 24-hour,

TITLE

(X6) DATE 12/20/18

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PEAN OF CORRECTION			A. BUILDING:				
	IL6011712		B. WING		C 12/04/2018		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
PEKIN M	PEKIN MANOR 1520 EL CAMINO DRIVE						
		PEKIN, IL	61554				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO' CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
S9999	Continued From page 1		S9999				
	assure that the resi as free of accident nursing personnels that each resident i and assistance to p Section 300.3240 A a) An owner, licens	ecautions shall be taken to idents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents.					
	These requirement by:	s were not met as evidenced					
	review, the facility to call light and ensur for a resident that rone of three reside the sample of three on the toilet by V4 and remained on the minutes, resulting it two centimeter fore transported to a local sample.	r, observation and record failed to timely respond to a e a call light was functioning requires toileting assistance for ints (R1) reviewed for falls in e. On 10/25/18, R1 was placed (Certified Nursing Assistant) ine toilet for an additional 25 in R1 falling and sustaining a chead laceration. R1 was then cal hospital for treatment, and es to repair her forehead					
	Finding includes:						
	following dates do of which indicate R 09/10/18, a score o 12; and on 11/02/1						
		ent and Incident Report Log 0/29/18 documents "R1 fell at					

Illinois Department of Public Health

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PRINTED: 01/11/2019 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ C B. WING IL6011712 12/04/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1520 EL CAMINO DRIVE PEKIN MANOR PEKIN, IL 61554** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 the facility on 10/25/18 and sustained a laceration requiring sutures, swelling to her right hand, and a bruise to her left heel." R1's Nursing Progress Note dated 10/25/18 documents the following: "(R1) observed lying on the floor on her right side, blood noted in front of the bathroom towards the foot of (R1's) bed. (R1) was fully dressed with no shoes or socks on. (R1) stated she was assisted to the restroom, where she had been for an extended amount of time and after yelling for help she decided to transfer herself back to bed when assistance did not arrive. (R1) stated she fell in the bathroom doorway and crawled to bedside. Hematoma with laceration noted to left/midline forehead superior to left eye, moderate amount of blood noted on face, hands, and floor. Injury noted to right index knuckle, thumb and posterior hand. (R1) stated pain in head, right hand, and left foot. Bruising noted to left heel, nonpitting edema noted to left ankle. 911 called. Resident transported to (local hospital) for stitches and evaluation. Unable to contact Power of Attorney, message left for call back. Nurse Manager on call notified." On 12/03/18 at 03:08 PM, R1 was lying in bed watching television. R1 could recall her recent fall on 10/25/18. R1 stated, "She put me on the toilet with that lift, and then left me. I pressed my call light, but no one ever came. I was yelling for

Illinois Department of Public Health

help. I waited at least 25-30 minutes, and then decided I was going to get up myself. I ended up falling and hitting my head." R1 then pointed to the left side of her forehead and stated, "I had to

R1's local hospital emergency department record

"Forehead laceration 2 centimeters. Injected with

dated 10/25/18 documents the following:

go to the hospital to get stitches."

Illinois Department of Public Health

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			COMPLETED COMPLETED	
		IL6011712	B. WING		C 12/04/2018		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
PEKIN M	PEKIN MANOR 1520 EL CAMINO DRIVE PEKIN, IL 61554						
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S9999	lidocaine 1% withou probed, no foreign 4 sutures simple in	ut epinephrine. Cleaned, body, sutured with 5.0 prolene. terrupted placed. Patient ese same records document	S9999				
:	R1 was discharged diagnoses: Fall; La foreign body; Traur Contusion of right h	on 10/25/18 with the following ceration of scalp without matic hematoma of forehead; nand; Contusion of right ead injury; Strain of neck					
	stated that on 10/2 Assistant) did place and provided cares stated that V5 (Cer a break during lay to have anyone on was on break at the stated that the facil the amount of time to falling. V1 stated call light was on. S	35 AM, V1 (Administrator) 5/18, V4 (Certified Nursing e R1 on the toilet, then left R1 s to two other residents. V1 rtified Nursing Assistant), "Took down time. Our practice is not break during this time. (V5) e time of (R1's) fall." V1 then lity was unable to determine e R1 remained on the toilet prior d "When she was found, her he said that she thought she her knees and crawl, but blanted."					
	documents an invergence to length of the toilet on 10/25/investigation also of Nursing Assistant) the following: "On improper nursing of toilet and not return also documents Viswas in-serviced on discussed CNA (C break times. (V5) visualization of the control o	gation dated 10/25/18 estigation was conducted in of time R1 reported being left on 18, prior to falling. This documents V4 (Certified received disciplinary action for 10/25/18, (V4) suspended for care with placing resident on ning timely." This investigation 5 (Certified Nursing Assistant) of the following: "Content ertified Nursing Assistant) was educated to not take eased time of resident cares.					

Illinois Department of Public Health

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		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		IL6011712	B. WING		C 12/04/2018		
NAME OF I	PROVIDER OR SUPPLIER	STREET AN	DRESS CITY S	TATE ZIP CODE			
	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1520 EL CAMINO DRIVE  PEKIN MANOR  PEKIN, IL 61554						
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S9999	Continued From page 4		S9999				
	Get-up, meal times discussed to contin CNA's when taking On 12/4/18 at 01:40 stated that she end investigation follow of the time R1 reporage in the t	o, and lay down. It was also use to notify nurse and fellow break."  O PM, V1 (Administrator) led up conducting an abuse ing R1's 10/25/18 fall because orted she was left on the toilet. ere was no willful intent, but V4 assistant) should have stayed f (R1) while she was in the r (R1's) fall, we disciplined (V4)					
	R1 continued to prominutes, began to restless in bed and on since before 03 the bed." R1 again times. On this sam (Assistant Director R1 had pushed her had been waiting a toileting assistance R1's room and veriworking.  On 12/3/18 at 03:3 Nursing Assistants R1 to the bathroom lift, provided perine R1 back into bed. be temperamental	ess her call light every few reposition and become I stated, "I've had my call light :00 PM, and I'm going to wet pressed her call light several e date at 03:30 PM, V3 of Nursing) was notified that r call light multiple times and approximately 30 minutes for a. At 03:31 PM, V3 entered ified that R1's call light was not 5 PM, V6 and V7 (Certified ) entered R1's room, assisted in with a sit-to-stand mechanical eal care to R1, and transferred V6 stated, "The call lights can			±*		

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Illinois Department of Public Health

	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		7.67	E CONSTRUCTION	COMPLETED	
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S9999	Continued From page 5		S9999			
	sometimes call ligh sometimes be temp	"This building is old, and ts will stop working. They can peramental. We call they come fix them."				
	(B)				į l	
	Administration on many open and open an					
				7		
	1					

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